

BEST AVAILABLE COPY



Mailing Label
Label 11-F June 2002



UNITED STATES POSTAL SERVICE®

Post Office To Addressee

ORIGIN (POSTAL USE ONLY)		
PO ZIP Code	Day of Delivery	Flat Rate Envelope
	<input type="checkbox"/> Next <input type="checkbox"/> Second	<input type="checkbox"/>
Date In	Postage	
Mo. Day Year	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	\$
Time In	Military	Return Receipt Fee
<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	
Weight lbs. ozs.	Int'l Alpha Country Code	COD Fee Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials	Total Postage & Fees \$

DELIVERY (POSTAL USE ONLY)		
Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Date	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	

WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY Weekend Holiday

Customer Signature

CUSTOMER USE ONLY

METHOD OF PAYMENT:

Express Mail Corporate Acct. No.

X090471

FROM: (PLEASE PRINT) 914 941 5600
PHONE _____
MC GLEW & TUTTLE P.O.
SCARBOROUGH STATION RD
P.O. BOX 327
SCARBOROUGH NY 10510-0627

Federal Agency Acct. No. or
Postal Service Acct. No.

TO: (PLEASE PRINT) PHONE _____
COMMISSIONER FOR PATENTS
P.O. BOX 1450
ALEXANDRIA VA 22313-1450

PRESS HARD
You are making 3 copies. FOR PICKUP OR TRACKING CALL 1-800-222-1811 www.usps.com

FRIDAY AUGUST 20, 2004

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